## **SAMPLE**

## MINNESOTA HOUSING FINANCE AGENCY AFFIRMATIVE FAIR HOUSING MARKETING PLAN

## 1. INTRODUCTION

State and Federal Affirmative Fair Housing Marketing Regulations require that each applicant subject to these Regulations carry out an Affirmative Marketing Program to attract prospective buyers or tenants of all minority and non-minority groups to the housing that the applicant is providing. These groups include African American/Black, American Indian/Alaskan Native, Asian, Hispanic/Latino, Native Hawaiian/Pacific Islander or White in the Standard Metropolitan Statistical Areas (SMSA) or housing market area who may be subject to housing discrimination on the basis of race, color, creed, religion, sex, national origin, marital status, status with regard to public assistance, disability, sexual orientation, or familial status.

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2. APPLICATION AND PROJECT I	DENTIFICATION:			
A. NAME OF APPLICANTS	B. MINNESOTA HOUSING DEVELOPMENT (D) #			
	D 1234			
XXX Limited Partnership or Owner Name	NUMBER OF UNITS (Indicate family, elderly, etc.)			
	54 - Family			
ADDRESS (Include City, State and ZIP Code)	PRICE OR RENTAL RANGE OF UNITS:			
9999 Address Lane				
St. Cloud, MN 55923	FROM \$ 400 TO \$600			
TELEPHONE NUMBER	D. FOR MULTIFAMILY HOUSING ONLY:			
208-345-6789	ELDERLY NON-ELDERLY			
C. PROJECT NAME	E. APPROXIMATE STARTING DATES			
Stars & Stripes Apartments				
	ADVERTISING 01-13 OCCUPANCY 02-13			
	F. NAME OF MANAGING/SALES AGENT (when applicable)			
	Great Housing Management Company			
LOCATION / ADDRESS (Include City, State and ZIP Code)	ADDRESS (Include City, State and ZIP Code)			
4545 West 7 <sup>th</sup> Street	6767 South Lawn Avenue			
Minneapolis, MN 55422	St. Paul, MN 55101			
COUNTY	G. MINNESOTA HOUSING PROGRAM (s) USED TO FINANCE			
Hennepin	Tax Credits and LMIR First Mortgage			
3. TYPE OF AFFIRMATIVE				
Project Plan				
NOTE: A separate Annual Plan must be developed for each area in which the housing is to be built.				
DAlinarity Area	Mixed Area (with 0/ minerity recidents)			
Minority Area White (non-minority) Area	Mixed Area (with % minority residents) (See # 3 Supplemental Instructions for %)			
	(See # 3 Supplemental instructions for 70)			
4. DIRECTION OF MARKETING ACTIVITY				
Indicate below which group(s) in the housing market area are "least likely to apply" for the housing because of its location and other				
factors without special outreach efforts.				
⊠ Black/African American           ⊠ American Indian/Alaskan Native	Asian			
☐ Native Hawaiian/Pacific Islande	r			
Persons with Disabilities	Families with Children			

<sup>\*</sup> Failure to complete each section will delay approval of the AFHMP.

5. MARKETING PROGRAM							
A. COMMERCIAL MEDIA							
Check the media to be used to advertise the availability of this housing.							
☐ Electronic Media ☐ Newspaper(s)/Publication(s) ☐ Radio ☐ TV ☐ Billboard(s) ☐ Other (Specify)							
NAME OF NEWSPAPER	.,	RACIAL/ETHI	VIC IDENTIFICAT	ION OF	SIZ	'E/DURATION	
RADIO OR TV STATION, 6	etc.	READERS/AUDIENCE			OF ADVERTISING		
Asian Times		Asian			4 X 3		
B. BROCHURES, SIGNS AND HUD'S FAIR HOUSING POSTER:							
(1) Will brochures, leaflets, or handouts be used to advertise? Yes No. If yes, attach a copy or submit when available.  (2) For project site sign, indicate sign size x ; Logotype size x  (3) HUD's Fair Housing Poster must be conspicuously displayed wherever sales/rentals and showings take place. Fair Housing Posters will be displayed in the Sales/Rental Office(s); Real Estate Office(s); Model Unit(s); Other (Specify)							
C. COMMUNITY CONTACTS							
To further inform the group(s) "least likely to apply" about the availability of the housing, the applicant agrees to establish and maintain contact with the groups/organizations listed below that are located in the housing market area or SMSA. If more space is needed, attach an additional sheet. Notify Minnesota Housing of any changes in this list. Attach a copy of correspondence to be mailed to these groups/organizations. (Provide all requested information.)							
NAME OF GROUP/ORGANIZATION	HSISSISISIP	L/ETHNIC FICATION		TE DATE OF POSED CON		PERSON CONTACTED OR TO BE CONTACTED	
List a min. of 3 groups as indicated in Sec. 4 "Marketing Activity", those groups determined to be "least to apply" without special ourtreach.						A specific person & method of contact need to be indicated	
ADDRESS AND TELEPHONE NUMBER	METHOD (	OF CONTACT	INDICATE SPECI	FIC FUNCTIO	N OF GROU	P/ORGANIZATION	

6. FUTURE MARKETING ACTIVI	TIES (Rental Units Only)					
Check the block(s) that best describe future marketing activities to fill	vacancies as they occur after the project has been initially					
occupied.						
Newspapers/Publications	☐ Brochures/Leaflets/Handouts ☐ Site Signs					
☐ Community Contacts ☐ Others (Specify)						
7. EXPERIENCE AND STA	FF INSTRUCTIONS					
A. Indicate any experience in marketing housing to the group(s) identified as "least likely to apply". (See page 1, number 4).						
NONE, if applicable (or)						
We currently manage and/or own two other developments.						
1) "Wonder Apartments" in Long Prairie, MN which is 80 apartments and has 18 % current minority households.						
2) "Spotless Townhomes" in International Falls, MN which is 20 townhomes and has 20 % minority households.						
B. Indicate training to be provided to staff on federal, state and local Fair Housing Marketing Plan. Attach a copy of the instructions to						
rail Housing Marketing Plan. Attach a copy of the instructions to	stan regarding rail flousing.					
8. ADDITIONAL CONS	SIDERATIONS:					
9. ANTICIPATED OR ACTUAL RE						
Please list the number of persons (by head of household). Use real nu						
presently occupy the units as a result of your affirmative marketing eff	orts. The total number by Group(s) cannot exceed the total					
number of units occupied.						
9 a) Below relates directly to the total development unit count						
☐ Black/African American ☐ American Indian/Alaskan Natio	ve Asian Hispanic/Latino					
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Othe	ır					
9 b) Below would not necessarily equal total unit count.						
Persons w/disability Families w/	children Persons on Public Assistance					
	<del>-</del>					
10. SIGNATURES						
By signing this form, the applicant agrees, after appropriate consultation with Minnesota Housing, to change any part of the plan covering a project to assure continued compliance with affirmative fair housing marketing regulations.						
SIGNATURE OF PERSON SUBMITTING PLAN						
NAME (TYPE OR PRINT)						
TITLE AND COMPANY						
DATE						
MINNESOTA HOUSING USE ONLY						
APPROVAL BY	DISAPPROVAL BY					
SIGNATURE	SIGNATURE					
NAME (TYPE OR PRINT)	NAME (TYPE OR PRINT)					
TITLE	TITLE					
DATE	DATE					